

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>6/24/05</u>		2 Serial/Patent # <u>10/522 338</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input type="checkbox"/>	Filing			\$								
<input type="checkbox"/>	Amendment			\$								
<input type="checkbox"/>	Extension of Time			\$								
<input type="checkbox"/>	Notice of Appeal/Appeal			\$								
<input type="checkbox"/>	Petition			\$								
<input type="checkbox"/>	Issue			\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/>	Maintenance			\$								
<input type="checkbox"/>	Assignment			\$								
<input type="checkbox"/>	Other <u>Fee Code Correction</u>		<u>1-25-04</u>	<u>100.00</u>								
		7 TOTAL AMOUNT OF REFUND		<u>100.00</u>								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:										
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"> <tr> <td></td><td></td><td>--</td><td></td><td></td><td></td><td></td> </tr> </table>						--				
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<input type="checkbox"/> No Fee Due (Explanation):												
<u>Credit Card Refund</u>												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>BC</u>			TITLE:									
SIGNATURE: <u>BC</u>			Adjustment date: 06/27/2005 PCOMPBEI 01/31/2005 ARRO 00000127 10522336 02 FG:1532 PHONE: -500.00 OP									
OFFICE:												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: _____			DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: